



6489 Main Street
Gloucester, Virginia 23061

Joanne C. Wright, Director
Budget and Finance Office

Telephone: 804-693-7811
email: jwright@gc.k12.va.us

To: All Eligible Employees

From: Joanne C. Wright, Director of Budget and Finance *jcw*

Date: July 31, 2013

Re: **Full-Time Employee Benefits – FY 2013-2014 Open Enrollment**

This package contains important employee benefit information for all full-time employees. Please take time to review this information carefully, even if you do not currently participate in the division's insurance benefit programs. In this package, you will find the following attachments:

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| <ol style="list-style-type: none">1. Explanation of Benefits for 2013-20142. A Comparison of Health Insurance Plans3. A Dental Benefits Summary for Low and High Option Coverage4. A Notice of Your COBRA Rights5. Legislative Notices:<ul style="list-style-type: none">• Creditable Coverage for Medicare Part D• Children's Health Insurance Benefits (CHIP) | <ul style="list-style-type: none">• New Health Insurance Marketplace Coverage Options and Your Healthcare Coverage <ol style="list-style-type: none">6. Health Insurance Enrollment/Change Form7. Dental Insurance Enrollment/Change Form8. Annual Notice of Annuity Plan Participation (Dated 7/31/2013)9. Waiver Form for Health Insurance Benefits and Notice of Special Enrollment Rights |
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The attached *Explanation of Benefits for 2013-2014* (Attachment 1) provides a summary of all benefits provided on behalf of the division's full-time employees. Please review this information carefully. If you need additional information, contact the Budget and Finance Department. Please note that all benefits and policies are subject to change based on actions taken by the School Board of Gloucester County.

Our benefit open enrollment period for FY 2013-2014 will begin on August 1, 2013 and will close on Tuesday, September 3, 2013. The new insurance rates will apply to the September 2013 payroll period, and new benefits will become effective on October 1, 2013. This open enrollment allows employees to (1) enroll in benefits for the first time, (2) cancel or change coverage, and/or (3) change the dependents you wish to cover. Please be sure to complete the appropriate forms based on the elections you would like to make for the coming year. Enrollment instructions are detailed beginning on page 6 of this memo.

Important: If you choose to waive coverage under our health insurance program, you must sign a *Waiver of Health Insurance and Notice of Special Enrollment Rights* (Attachment 9). This form is required every year you elect to waive medical coverage. Your signature certifies that you have elected not to participate in our health insurance for the 2013-2014 Plan Year, and the form explains your rights to enroll at a later time in the event of specific conditions and circumstances. If you do not wish to elect medical coverage for the 2013-2014 Plan Year, please detach the Waiver Form, sign it, and return it to the Budget and Finance Department no later than **Friday, September 27, 2013**. **Note: This form does not facilitate a cancellation of insurance coverage. If you wish to cancel existing coverage, you must do so in writing during open enrollment. Your request must specify all types of coverage that you wish to cancel (i.e., health, dental, AFLAC, etc.).**



Health Insurance:

For the 2013-2014 Plan Year, the division will continue to offer medical coverage in partnership with Anthem Blue Cross Blue Shield. Eligible employees will still be able to choose from the current four plan options with **no change in the monthly premium rates:**

- **KeyCare 15 PPO**
- **HealthKeepers 10 HMO**
- **HealthKeepers 25 HMO**
- **Anthem Lumenos PPO with Health Savings Account (HSA)**

NOTE: This will be the last year that the KeyCare 15 coverage will be offered. This coverage will expire September 30, 2014. Please review the other product offerings and plan accordingly.

There is one enhancement in coverage effective on October 1, 2013. Our Anthem HealthKeepers Point of Service (POS) plans will begin to cover non-emergent services outside of the service area at the in-network level. Currently, non-emergent services are paid at out-of-network levels and are subject to a deductible and higher coinsurance. This enhancement will provide greater peace of mind and flexibility when traveling or living outside the Anthem HealthKeepers service area.

Our HealthKeepers POS members will utilize the BlueCard Traditional network. A Primary Care Physician (PCP) referral and prior authorization requirements remain unchanged for both HealthKeepers POS plans. Services out-of-state must be authorized to receive in-network benefits.

Last year **Anthem Lumenos, a high deductible health plan (HDHP) with a Health Savings Account (HSA) component** was offered for the first time. This option includes a **monthly employer contribution to your HSA account of \$105 or \$1,260 over the plan year**. Contributions to a HSA are not allowed until after the HDHP coverage begins; therefore, an employer contribution of \$210 will process with the October payroll and \$105.00 per month for the next ten months. In addition, you may choose to direct the savings realized from lower premiums to your HSA by payroll deduction beginning in October 2013. IRS contribution limits apply, and contributions and interest are tax free. You are the owner of the HSA account and may choose to use your funds to cover medical expenses charged to the deductible or save the funds for future medical costs. Unexpended balances remain in your account and are not forfeited at year end or termination of employment. Before benefits are paid by Anthem, the employee must meet a \$2,500 individual deductible or \$5,000 family deductible. To participate in this plan you may not be covered by another health insurance plan that is not a high deductible health plan. More information will post to the Budget and Finance webpage next week.

If you are **contemplating retirement** in the near future, please review Policy GBDG with regards to continuation of coverage. Note that only retirees meeting the service and participation criteria outlined are allowed to remain on the plan which they hold at the time of retirement until they reach Medicare eligibility. You will be unable to change plans after retirement and should plan ahead. Retirees on the KeyCare plan on September 30, 2014 will be allowed to switch to one of the remaining products.

For your review, medical plan details are provided in the attached Health Insurance Plan Comparison (Attachment 2), the Explanation of Benefits (Attachment 1) and on the Budget and Finance website.

Dental Insurance:



United Concordia will continue to provide dental coverage on behalf of the workforce **with 2.4% rate reduction guaranteed for two years!** To best meet the needs of all employees, we offer a “Low” and a “High” Dental option. In order to make an informed choice for the coming year, please refer to the Dental Plan Comparison (Attachment 3) for benefit details and the Explanation of Benefits (Attachment 1) for premium rates.



Retirement Option:

Benefited employees contribute five percent of their annual salary to the Virginia Retirement System (VRS) through payroll deduction. This contribution is pre-taxed for Federal and State withholding and spread over the number of months contracted (10, 11, or 12 months). Eleven month employees will not experience a VRS deduction during the month of July and ten month employees will not experience a VRS deduction in July and August. All current employees are covered under Plan 1 or Plan 2, both defined benefit plans. Effective January 1, 2014, all new hires will be covered under a new Hybrid plan. This plan has both a defined benefit and defined contribution component. You will have from January 1, 2014 to April 30, 2014 to opt in this program and forgo your Plan 1 or Plan 2 defined benefit. This is a one-time irrevocable election. Disability retirement is not available under the Hybrid plan. The division will choose the state disability program or a comparable plan this fall for Hybrid plan members. More information will be provided as it becomes available.



Privacy of Health Insurance Information:

To comply with the Health Insurance Portability and Accountability Act (HIPAA), the School Board of Gloucester County is required to protect your personal health information, which is used in the administration of our health care, dental and flexible benefits plans.

Additional information regarding HIPAA regulations is provided in Attachment 1. For a full copy of the Comprehensive Notice of Privacy and Policy Procedures you can log on to the following address: <http://gloucester.schooldesk.net/Portals/Gloucester/District/docs/healthcareprivacy.pdf> or contact Human Resources at 804-693-5300, as well as Budget and Finance at 804-693-7817.



Your COBRA Rights:

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows for the continuation of health insurance coverage for you and your dependents when coverage ends for reasons other than gross misconduct. A notice of your COBRA rights is provided as Attachment 4.



Legislative Notices:

Attachment 5 explains regulations and rights established by the Children's Health Insurance Program (CHIP), a Notice of Creditable Coverage for prescription drugs and Notice of New Health Insurance Marketplace Coverage Options under the Affordable Care Act. A Notice of Creditable Coverage is provided with regard to our plans' prescription drug coverage and the election of Medicare Part D (Attachment 5). This Notice applies only to employees and/or their dependents who are, or will become, eligible for Medicare during the plan year. The Notice advises that the division's drug coverage is *creditable* (at least as good as the Standard Part D coverage as defined by Medicare). The CHIP notice summarizes the premium assistance programs available for employees and dependent children who may not be able to afford medical coverage. Contact information is provided for residents of Virginia, as well as other states which provide these benefits. Health Care Reform information regarding the exchange or marketplace coverage is included. Health Insurance coverage is expected to be available through the exchange in October 2013 for coverage effective as early as January 1, 2014. Updates will be provided throughout the law's implementation timeline, which continues until 2018.



Pre-Tax Options:

Health Care Premiums

It is important to remember that the division maintains a Flexible Benefits Program in accordance with Section 125 of the Internal Revenue Code. Through this plan, health and dental premiums are automatically deducted on a pre-tax basis. This enables you to save money since you do not pay taxes on the dollars used to pay these premiums. Certain rules apply when you take advantage of these tax savings. Specifically, you may not cancel health or dental coverage during the year, unless you experience a qualified life status change. Qualified status changes include:

- Marriage, divorce, death of a spouse, legal separation or annulment
- A change in the number of dependents, including birth, adoption and placement for adoption, or death of a dependent
- Any of the following events for you, your spouse, or dependent:
 - Termination or commencement of employment
 - A strike or lockout
 - Commencement or return from an unpaid leave of absence

- A change in worksite which affects access to coverage, or,
- Any other change in employment status that affects eligibility for benefits
- One of your dependents satisfies, or ceases to satisfy, the requirements for coverage due to change in age, status or any similar circumstance

Again, premiums will be deducted on a pre-tax basis unless you request not to participate in this program. If you anticipate that you may wish to change or cancel health or dental coverage during the Plan Year for reasons other than those noted above, you may wish to waive the pre-tax treatment of health care premiums. A Waiver Request must be submitted in writing during Open Enrollment (August 1, 2013 to September 3, 2013) to the **Budget and Finance Department/Attention: Payroll**. Please be sure to specify each type of insurance coverage you wish to cite for waiver (i.e., medical, dental). In order to remain in effect, a Request for Waiver must be completed annually.

Flexible Spending Accounts (FSAs)

Each year, you may elect to set aside pre-tax dollars to help pay for eligible out-of-pocket expenses for health care (medical, dental and vision), dependent care, and private insurance premiums. **This year enrollment will be online during the month of September.** This plan can help you offset the cost of increased premiums, copayments, and other health-related costs. **In FY 2013-2014, the annual medical limit will be lowered from \$5,000 to \$2,500 due to requirements under National Healthcare Reform.**

* The cost of over-the-counter ingestible medications may not be reimbursed unless you obtain a prescription or letter of medical necessity from your physician.

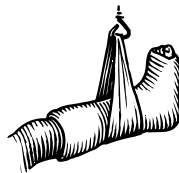
Reminder: Please note that if you elect the Lumenos Health plan with the HSA, your participation in the health care component of the Flexible Benefits Program will be limited to dental and vision expenses.

Tax Deferred Options:

To help plan for retirement, all part-time and full-time employees of GCPS may contribute to tax-sheltered annuities through payroll deduction. Your annuity contributions are considered taxable wages for FICA and Medicare tax; however, they are a pre-tax deduction for Federal and State Withholding purposes. IRS contribution limitations apply. Attachment 10 advises of your right to participate in the division's 403(b) plan, and additional plan information is outlined in Attachment 1.

All employees are now eligible to participate in the Commonwealth of Virginia 457 Deferred Compensation Plan. Like 403(b) annuities, your contributions are a pre-tax deduction for Federal and State Withholding purposes and taxable for FICA and Medicare. Unlike annuities, there are no penalties for early withdrawal. IRS contribution limitations apply. Enrollment will begin in August. A representative will be on site on August 20, 2013 from 10:00 a.m. to 4:00 p.m. in the Gloucester High School Commons.

Disability Insurance:



Short Term Disability

The School Board of GCPS provides an employer-paid Short Term Disability Plan (STD) through Dearborn National for all full-time, benefit-eligible employees. This program provides income protection for up to 24 weeks, after a 2-week elimination period. Employees are required to use all accumulated sick leave before becoming eligible for STD benefits. For additional information regarding STD benefits,

please review the Explanation of Benefits (Attachment 1). After January 1, 2014, employees who are members of the VRS Hybrid plan will not be eligible for this benefit.

Voluntary Long Term Disability (VLTD)

Through our continued partnership with Dearborn National, all full-time, benefit-eligible employees may purchase Voluntary Long Term Disability coverage that provides income protection after STD benefits have been exhausted. Two levels of VLTD coverage are available.

- Option 1: Provides a benefit for up to 2 years
- Option 2: Provides a benefit until the employee reaches his/her Normal Retirement Age (NRA) in accordance with Social Security.

New hires and those newly-eligible for benefits may elect this coverage within 30 days of benefit eligibility. After the first 30 days, employees are eligible to purchase this coverage during Open Enrollment held in August of each year. However, *those who apply after the first 30 days* will be required to complete an Evidence of Insurability form in order to be approved for coverage. An Evidence of Insurability form and carrier approval will also be required for those who may wish to transition from Option 1 to Option 2.

The School Board has approved renewal of VLTD program with Dearborn National for the 2013-2014 Plan Year, **with an increase in billed rates**. For VLTD coverage, premiums are based on each \$100 of covered, contractual pay. Premium rates and additional plan information are provided in the attached Explanation of Benefits (Attachment 1). Application forms may be requested from the Budget and Finance Department. After January 1, 2014, employees who are members of the VRS Hybrid plan will not be eligible for this benefit.



Enrollment Instructions:

As noted earlier, enrollment/change forms (if applicable) must be received between ***August 1, 2013 and September 3, 2013***. Specific instructions, by plan, are as follows:

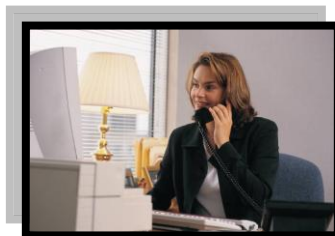
Health Care Insurance	<ul style="list-style-type: none">• For current participants, no form is required unless you wish to add or drop dependents, or you wish to change medical plan options, or cancel coverage.• If you wish to enroll for the first time, add or drop dependents, or change medical plan option, complete Attachment 6, Health Insurance Enrollment/Change Form.• To cancel existing coverage, send a written request to Payroll during open enrollment.
Dental Insurance	<ul style="list-style-type: none">• For current participants, no form is required unless you wish to add or drop dependents, or you wish to change your dental plan option, or cancel coverage.• If you wish to enroll for the first time, add or drop dependents, or change dental plan option, complete Attachment 7, Dental Insurance Enrollment/Change Form.• To cancel existing coverage, send a written request to Payroll during open enrollment.
Pre-Tax Premium Plan	If you wish to waive "pre-tax" treatment of payroll deductions for your health, dental, and AFLAC coverage, submit your request in writing to the Budget and Finance Department during open enrollment. You must follow this process annually specifying each type of coverage that applies.

Flexible Spending Accounts	If you wish to establish a Health Care, Dependent Care, and/or Private Insurance Premium Flexible Spending Account (FSA) for the 2013-2014 Plan Year, enrollment will be held online in the month of September. Instructions and dates will follow in the near future.
Health Saving Accounts	If you elect the Lumenos high deductible health plan, you will need to establish a Health Savings Account. Only those employees enrolling in the Lumenos plan will be eligible.
Voluntary Long Term Disability Coverage	<p>If this is your first opportunity to enroll in the Voluntary LTD plan, you can obtain an enrollment application from the Budget and Finance Department. Once eligible for benefits, you have 30 days to elect this coverage.</p> <p>If you could have enrolled in this program earlier, but did not, you can still enroll. However, you must complete an application and a form to provide Evidence of Insurability. These forms are available from the Budget and Finance Department.</p>



Employee Access Center (EAC):

You can log onto our secure site at <http://gets.gc.k12.va.us>, select Employee Portal, then EAC to change certain demographic information, view and print salary and benefits information, view posted leave, view and print paystub information, and view and print W-2s. Refer to Attachment 1 (Explanation of Benefits) for instructions regarding use of this website.



Other:

The Budget and Finance Department is here to assist you with your benefit questions. Please feel free to call any of the following:

Tee Ann Floyd	804-693-7817
Laurie Greisz	804-693-7835
Heather Lucas	804-693-7825
Joanne Wright	804-693-7811

Summer hours are Monday-Thursday, 7:00 am to 4:30 pm, and remain in effect through August 15, 2013. On August 19, 2013, we will resume regular office hours of 8:30 am to 4:30 pm, Monday - Friday.

Thank you for your dedication to the children of Gloucester County Public Schools.

Attachments (9)

Gloucester County Public Schools



Explanation of Benefits

2013-2014



Gloucester County Public Schools 2013-2014 Explanation of Benefits

This document provides a summary of benefits afforded to full-time employees of Gloucester County Public Schools. You may obtain more detailed information from the Budget and Finance Department or by visiting our website at <http://gets.gc.k12.va.us>.

Open enrollment for health, dental and disability insurance benefits shall run from August 1, 2013 through September 3, 2013. A new employee of Gloucester County Public Schools is allowed 30 days from the first day of employment to enroll in these benefits.

Employees may enroll in 403(b) annuities, the Commonwealth of Virginia 457 plan (**new**), Optional Life Insurance and the Riverside Wellness Center at any time during the year.

EMPLOYEE ACCESS CENTER

The Employee Access Center (EAC) is available to all employees. You will need your **employee number** and your **Social Security Number** to access the EAC for the first time. From this Center, you will be able to view and update demographic data and change your tax withholding status under Employee Information. To finalize the request to change withholding taxes, you will need to print, complete and sign the federal and/or state form and forward the form(s) to the Budget and Finance Department. Links to these forms are available for your convenience. In addition, other menu options will allow you to view and print salary and benefits information, detailed leave information, and paystubs.

Accessing the EAC is easy:

1. From your worksite or home computer, navigate to Gloucester County Public Schools home page. <http://gets.gc.k12.va.us>
2. Click on **EAC** under the Employee Portal tab.
3. **User ID:** Enter your employee number.
4. **Password:** Enter your Social Security Number with dashes. If it is not accepted, then try again without dashes. (Please change your password after initial login. Do not share your password with others.)
5. Use the menu bar to the left to select the type of information that you wish to access.

DIRECT DEPOSIT

All new employees of Gloucester County Public Schools are paid by direct deposit. Direct Deposit forms may be obtained from the Budget and Finance Department or the website. Direct deposit vouchers (paystubs) may be printed from the EAC.

SICK LEAVE

Each regular full-time employee receives a monthly sick leave allowance of 1.0 day for each month of employment. There is no maximum accumulation. Sick leave for a contracted year is advanced up front. If employment terminates early, final pay will be adjusted if leave usage exceeds actual days earned.

Upon termination of employment, an employee may elect to transfer their accumulated sick days to their new employer (if applicable), or with a minimum of 60 months of employment, may receive payment in accordance with policy. (*See Sick Leave Policy File # GBDG*)

PERSONAL LEAVE

All full-time employees who are eligible for sick leave earn two days of paid personal leave annually. Part-time employees are eligible for one day of paid personal leave annually. Employees can accrue a maximum of five days of personal leave that can be used according to policy. (*See Personal Leave Policy, File # GBDG*)

ANNUAL LEAVE

Monthly accruals based on continuous months of employment and maximum accumulation for annual leave are as follows:

0-59 Months of Employment

1.0 day per month

(24 Days Maximum Accumulation)

60-119 Months of Employment

1.25 days per month

(30 Days Maximum Accumulation)

120-179 Months of Employment

1.50 days per month

(36 Days Maximum Accumulation)

180-239 Months of Employment

1.75 days per month

(36 Days Maximum Accumulation)

240 + Months of Employment

2.00 days per month

(36 Days Maximum Accumulation)

Upon termination of employment, accumulated annual leave shall be paid at the employee's current per diem. (*See Annual Leave Policy, File # GBDG*)

HEALTH INSURANCE

Gloucester County Public Schools offers health insurance through Anthem Blue Cross Blue Shield. Choice of coverage includes Healthkeepers 10 and 25, (both HMO plans), Keycare 15 (a PPO plan), and Lumenos HSA (a high deductible PPO plan) with a health savings account (HSA). Your health insurance premiums are automatically deducted on a pre-tax basis. You may not cancel your coverage during the plan year unless there is a qualified family status change. See the Flexible Benefits section for information on opting out of this provision.

If you elect not to participate in the health insurance program, a waiver must be signed annually which provides you with a Notice of Your Rights.

HEALTHKEEPERS 10

Plan	Employee Monthly Rate	Employer Monthly Rate
Employee Only	\$ 44.59	\$ 460.00
Employee+1 Minor	\$107.15	\$ 655.00
Employee/Spouse	\$386.87	\$ 820.00
Employee/Family	\$436.42	\$ 930.00
Family (Both**)	\$186.42	\$1,180.00

HEALTHKEEPERS 25

Plan	Employee Monthly Rate	Employer Monthly Rate
Employee Only	\$ 4.21	\$ 460.00
Employee+1 Minor	\$ 46.16	\$ 655.00
Employee/Spouse	\$290.33	\$ 820.00
Employee/Family	\$327.11	\$ 930.00
Family (Both**)	\$ 77.11	\$1,180.00

KEYCARE 15 *

Plan	Employee Monthly Rate	Employer Monthly Rate
Employee Only	\$167.73	\$ 460.00
Employee+1 Minor	\$292.99	\$ 655.00
Employee/Spouse	\$681.46	\$ 820.00
Employee/Family	\$770.22	\$ 930.00
Family (Both**)	\$520.22	\$1,180.00

LUMENOS with HSA

Plan	Employee Monthly Rate	Employer Monthly Rate
Employee Only	\$ 46.84	\$ 355.00
Employee+1 Minor	\$ 56.94	\$ 550.00
Employee/Spouse	\$246.11	\$ 715.00
Employee/Family	\$263.15	\$ 825.00
Family (Both**)	\$ 13.15	\$1,075.00

* KeyCare15 will not be offered after 9/30/2014.

**Both husband and wife must be employed by Gloucester County Public Schools in full-time, benefit-eligible positions.

For the Lumenos plan with a HSA, the employee must meet a deductible before benefits are paid by Anthem. **This plan includes a tax-free employer contribution to your HSA of \$105 per month.** Lower premiums provide an opportunity to direct savings to your HSA up to the annual limit. Your HSA balance may be used to assist in meeting your deductible or saved for future expenses. The employee owns the HSA and unexpended funds are not forfeited.

DENTAL INSURANCE

Gloucester County Public Schools offers dental insurance with United Concordia. Choice of coverage includes a Low Option Plan (Option 1) and a High Option Plan (Option 2). Your dental insurance premiums are automatically deducted on a pre-tax basis. You may not cancel your coverage during the plan year unless there is a qualified family status change. See Flexible Benefits section for information on opting out of this provision.

Low Option	EE Monthly Rate
Employee Only	\$18.46
Employee/Minor	\$31.23
Employee/Family	\$50.01
High Option	
Employee Only	\$32.79
Employee/Minor	\$57.52
Employee/Family	\$91.39

HIPAA

Gloucester County Public Schools is required under the Health Insurance Portability and Accountability Act (HIPAA) to safeguard your protected health information (PHI) through its health care, dental care and flexible benefits plans. Individually identifiable information about (1) your past, present, or future health or condition, (2) the provision of health care to you, or (3) payment for the health care is considered "Protected Health Information" (PHI). The plan is required to extend certain protections to your PHI, and to provide you with the comprehensive notice of privacy policy and procedures that explains how, when and why the plan may use or disclose your PHI. Except in specified circumstances, the plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

You may request a copy of the HIPAA notice from Human Resources, Budget & Finance, or access it at <http://gets.gc.k12.va.us/Portals/Gloucester/District/docs/healthcareprivacy.pdf>

RETIREMENT & GROUP LIFE INSURANCE

Membership in the Virginia Retirement System (VRS) is provided for all full-time employees. Gloucester County Public School employees under both Plans 1 and 2 contribute 5% of their annual salary to this plan. This contribution is made by payroll deduction and spread over the number months contracted. This deduction is pre-taxed for federal and state withholding.

There are a number of options for retirement under VRS. Disability retirement benefits are available at any age from the first day of employment. You may be eligible to purchase service credit or receive credit at no cost. Contact the Budget and Finance Department to determine whether you qualify.

For detailed program information, you may access the VRS website at www.varetire.org. A service retirement calculator is provided online to assist you in determining your retirement benefits.

An added benefit of VRS membership is Group Life Insurance coverage for all eligible employees. This policy pays your designated beneficiary two times (2x) your salary for natural death and four times (4x) your salary for accidental death.

VRS pays retirement and group life insurance benefits according to the order of precedence established by law. A Beneficiary Designation form (VRS-2) should be completed only if you wish to designate a beneficiary other than the order of precedence.

As of January 1, 2014, a new hybrid plan will be implemented for all new hires. Plan 1 and 2 employees will have from January 1, 2014 to April 30, 2014 to opt-in this plan. This election is irrevocable. More information will be provided as it becomes available.

OPTIONAL GROUP LIFE INSURANCE

If you are a member of the Virginia Retirement System, you are eligible to purchase additional life insurance for yourself and your family.

- Employees can purchase up to four times their salary, not to exceed \$700,000.
- Spousal coverage may be purchased up to 50% of the level of the employee's optional life insurance, not to exceed \$350,000.
- Dependent child coverage ranges from \$10,000 to \$30,000 based on the option the employee selects. The amount of dependent life coverage selected is provided for each eligible child.

Premiums are paid through payroll deduction and are based on age and level of coverage elected.

FLEXIBLE BENEFITS

The Flexible Benefits Plan, as allowed under Section 125 of the IRS Code, offers a way to reduce your payroll taxes based on the cost of your employer-sponsored insurance premiums, health care expenses, dependent care expenses and private insurance premiums. This is an effective way to minimize the impact of increased out-of-pocket medical expenses, such as prescription copayments.

Gloucester County Public Schools' health and dental insurance premiums will automatically be deducted from your check on a pre-tax basis. To opt out of the pre-tax plan, employees must submit their request, in writing, each year during open enrollment to the Budget and Finance Department or within the first 30 days of employment. You may not cancel the pre-taxed insurance coverage during the year unless you have a qualified change in family status.

To participate in a flexible spending account such as dependent care, health care and/or private insurance expenses reimbursement, you must complete an enrollment form each year. The enrollment will be online during the month of September. Instructions will be provided in the near future.

TAX DEFERRED OPTIONS

All employees, full-time and part-time, may contribute to a tax-sheltered 403(b) annuity (TSA) through payroll deduction. These products allow you to supplement your retirement income. TSAs offer many tax-saving features. Contributions to a TSA are taxed as FICA and Medicare wages; however, federal and state withholding taxes do not apply until funds are withdrawn upon retirement. A salary reduction agreement is required to start or make changes in your contribution.

A list of current, approved vendors is noted below:

- **ING** 757-223-6246 or 804-815-1318
- **Lincoln** 757-873-3331
- **VALIC** 757-886-6522
- **Met Life** 804-282-8611
- **Oppenheimer** 804-695-1999
- **AXA Equitable** 804-824-1062 or 804-445-5880

Withdrawals from annuity funds are restricted prior to age 59-1/2.

New this year, all employees may now contribute to the **Commonwealth of Virginia 457 Deferred Compensation Plan**. This is another vehicle to allow employees to save for retirement on a tax-deferred basis for federal and state withholding. This plan offers a variety of investment options ranging from pre-mixed target date portfolios to a menu of options across asset classes.

IRS contributions limits apply and are in addition to the 403(b) limits. A recordkeeping and communication fee of .045% will be deducted from the employee's account on a quarterly basis. Unlike the 403(b) plan, there is no early withdrawal penalty for distributions from the plan. Enrollment will be available in late August.

NOTE: With both 403(b) annuities and the 457 plan, contributions may be lost due to unfavorable investment performance. You must choose the investment portfolio that fits your personal risk tolerance level. Gloucester County Public Schools does not provide tax, legal, or investment advice and assumes no liability for an employee's election to participate, choice of vendor, or tax consequences. It is recommended that employees seek advice from professionals who specialize in these areas.

SHORT & LONG TERM DISABILITY COVERAGE

Gloucester County Public Schools provides an employer-paid **Short Term Disability (STD)** plan through Dearborn National for all full-time, benefit-eligible employees. This program provides income protection for up to 24 weeks. Employees are required to use all of their accumulated sick leave before becoming eligible for STD benefits. The elimination period is the greater of the number of accumulated sick leave days or 15 days. Benefits are paid at 66-2/3% of regular weekly compensation, up to \$1,500 per week. Overtime, bonuses and any other form of extra pay are excluded from the benefit calculation. The following exclusions apply: 1. Injury arising from employment; 2. Illness/Injury for which employee is entitled to benefits under worker's compensation; 3. Self-inflicted injury; 4. War or act of war; 5. Injury from commission of a crime; 6. Disability while on active military duty; and 7. Disability which existed prior to employment date. This plan will not be available to members of the VRS Hybrid Plan.

A **Voluntary Long Term Disability (VLTD)** plan is available to all full-time, benefit-eligible employees. This benefit provides income protection after short term benefits have been exhausted, or after 180 days. There are two levels of coverage. Option 1 provides a benefit of 50% of monthly income for up to two years, with a \$6,000 monthly maximum. Option 2 provides 60% of monthly income, up to \$6,000, until the employee reaches normal retirement age in accordance with Social Security. Premium rates per \$100 of covered payroll are as follows:

Voluntary Long Term Disability Fully Insured Dual Option

Option 1			Option 2		
Age		10/1/2013 Rate/\$100	Age		10/1/2013 Rate/\$100
<35		0.02	<35		0.08
35-39		0.06	35-39		0.12
40-44		0.07	40-44		0.20
45-49		0.10	45-49		0.31
50-54		0.14	50-54		0.46
55 & over		0.18	55 & over		0.58

Premiums will be adjusted whenever contracted salary is changed. Adjustments for age-based rates, if applicable, will occur in September for all employees, based on age as of October 1 of the present year. Premiums are deducted after taxes, and coverage may be cancelled at any time by written notice. A cancellation request must be received by the first of the month in order to apply to the next paycheck. All employees are guaranteed enrollment within the first 30 days of employment. Failure to enroll within 30 days of hire or when first offered will require completion of an Evidence of Insurability (EOI) form and approval by Dearborn National. A change from Option 1 to Option 2 coverage requires an EOI form. This plan will not be available to members of the VRS Hybrid Plan.

TUITION ASSISTANCE

Gloucester County Public Schools is committed to assisting employees in improving their educational credentials. The School Board will assist qualifying personnel with tuition payments for completing approved coursework as follows:

- \$250 per course for no more than two (2) courses per school year toward an **Associates or Bachelors** Degree or toward a class for certification renewal;
- \$500 per course for no more than two (2) courses per year toward a **Masters Degree**;
- \$500 per course for no more than three (3) courses per year toward coursework required by Gloucester County Public Schools or pursuing a **Reading Specialist or Math Specialist** endorsement;
- \$500 per course for no more than four (4) courses per school year toward a **Doctorate Degree**;
- \$2,300 toward the certification process to become a **National Board Certified Teacher**.

For more information, please contact Human Resources at 804-693-7892. (See *Tuition Assistance Pol-*

RIVERSIDE WELLNESS & FITNESS

As an employee of Gloucester County Public Schools, you are eligible to become a member of the Riverside Wellness and Fitness Center. If you join at the Gloucester branch, you may also use the Newport News and Tappahannock branches. The fee will be deducted from your paycheck monthly. If you are interested in joining the Wellness Center, please contact them at 804-693-8888.

Monthly Fee	
Adult	\$22.00
Child	\$18.00

WORKER'S COMPENSATION

The purpose of Worker's Compensation is to provide benefits to employees who may suffer injury, death or the occurrence of an occupational disease, arising out of the course of employment, in accordance with applicable laws and regulations of the Commonwealth of Virginia as administered by the Virginia Workers' Compensation Commission. For more information, contact the Employee Services Department.

FAMILY MEDICAL LEAVE ACT

As a covered employer, Gloucester County Public Schools provides up to 12 weeks of **unpaid**, job-protected leave to eligible employees (see Family and Medical Leave Policy # GBDH). For more information contact the Employee Services Department at (804)693-7927.

LIABILITY INSURANCE

Gloucester County Public Schools has purchased adequate liability insurance coverage to indemnify itself and employees for claims of negligence arising out of third-party legal liability. This coverage extends to all employees, substitutes, and volunteers.

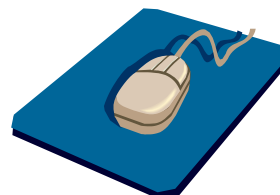
Do you have any questions about Gloucester County Public Schools Benefits?

Please contact:

Tee Ann Floyd
Payroll Specialist II
Phone: (804) 693-7817
Fax: (804) 693-7849
Email: tfloyd@gc.k12.va.us

Laurie Greisz
Payroll Specialist I
Phone: (804) 693-7835
Fax: (804) 693-7849
Email: laurie.greisz@gc.k12.va.us

You may visit the Budget and Finance web page for forms and links to helpful sites related to our benefits.
<http://gets.gc.k12.va.us/Departments/BudgetFinance/tabid/11901/Default.aspx>



Listed in this brochure are the various benefits available to full-time employees of Gloucester County Public Schools. These benefits are in addition to regular salary and are an important portion of your total compensation. This information should help familiarize you with what is available and the different options from which you may choose. It is recommended you keep this brochure on file for ready reference. The School Board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, disabilities, or sex in its educational programs or employment.

Disclaimer: All policies and benefits are subject to change by Board action.

	Dependent age 26 end of year			
	Anthem PPO	Anthem HealthKeepers POS	Anthem HealthKeepers POS	Anthem Lumenos PPO HSA
IN-NETWORK BENEFITS	KeyCare 15	HealthKeepers 10 POS	HealthKeepers 25 POS	GHS406
Access To Care	PPO - Open Access	POS - Gatekeeper	POS - Gatekeeper	PPO - Open Access
Deductible				
Individual / Family	None	None	None	\$2,500 / \$5,000 (embedded)
Plan Year/Calendar Year	n/a	n/a	n/a	Plan Year
Out-of-Pocket Limit				
Individual / Family (calendar year)	\$2,500 / \$5,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$3,500 / \$7,000 (Plan Year)
What counts toward out-of-pocket	Does not include rx, vision	Does not include rx, vision, dental	Does not include rx, vision, dental	Includes deductible/copays/coinsurance
Hospital / Facility				
Inpatient Charge	\$300, then 20% coinsurance	\$250	\$350/day up to \$1,750/admission	0% after deductible
Advanced Diagnostic Imaging	20% coinsurance	10% coinsurance	20% coinsurance	0% after deductible
Outpatient Surgery	\$15/\$30 physician copay; \$150, then 20% coinsurance	\$150	\$300	0% after deductible
Emergency Services				
Hospital Emergency Room	\$200, then 20% coinsurance	\$150	\$250	0% after deductible
Physicians				
Primary Care/PCP	\$15	\$10	\$25	0% after deductible
Specialist	\$30	\$20	\$50	0% after deductible
Urgent Care	\$15/\$30	\$20	\$50	0% after deductible
X-ray and Lab Tests	20% coinsurance	included in office visit copay	included in office visit copay	0% after deductible
Preventive/Outpatient Care				
Preventive Care	No charge	No charge	No charge	No charge
Maternity pre/postnatal visits	\$150; 20% coinsurance diagnostic/ultrasound	\$150; \$20/visit for diagnostic/ultrasound	\$300 per pregnancy; \$50 for diagnostic/ultrasound	0% after deductible
Non-Biologically Based Mental Health/Substance Abuse				
Inpatient	\$300, then 20% coinsurance	\$250	\$350/day up to \$1,750/admission	0% after deductible
Outpatient Care	\$15 office visits; 20% for outpatient facility	\$20	\$20/\$30	0% after deductible
Other Services				
Dialysis (outpatient setting)	20% coinsurance	20% coinsurance	20% coinsurance	0% after deductible
Chemotherapy (outpatient setting)	20% coinsurance	\$20; 20% coinsurance	\$50; 20% coinsurance	0% after deductible
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	0% after deductible
Short Term Rehab/Occ Therapy	\$30, then 20% coinsurance; 30 days combined Physical Therapy/Occ Therapy; 30 days Speech Therapy	\$20; 30 days combined Physical Therapy/Occ Therapy; 30 days Speech Therapy	\$25; 30 days combined Physical Therapy/Occ Therapy; 30 days Speech Therapy	0% after deductible; 30 days combined Physical Therapy/Occ Therapy; 30 days Speech Therapy
Routine Vision	\$15 eye exam; Discounts on eyewear; laser surgery. (up to \$30 allowance for out-of-network eye exam)	\$15 eye exam; Discounts on eyewear; laser surgery. (up to \$30 allowance for out-of-network eye exam)	\$15 eye exam; Discounts on eyewear; laser surgery. (up to \$30 allowance for out-of-network eye exam)	\$15 eye exam; Discounts on eyewear; laser surgery. (up to \$30 allowance for out-of-network eye exam)
Chiropractic Care	\$15/\$30; up to 30 visits	\$20; up to 30 visits	\$25; up to 30 visits	0% after deductible; up to 30 visits
Prescription Drugs				
Deductible	\$150/\$300 for Tiers 2-3	\$150/\$300 for Tiers 2-3	\$150/\$300 for Tiers 2-3	goes toward medical plan deductible
Rx Copay/Coinsurance	\$15/\$40/\$75 or 20% up to \$200 max per Rx.	\$15/\$40/\$75 or 20% up to \$200 max per Rx.	\$15/\$40/\$75 or 20% up to \$200 max per Rx.	\$10/\$30/\$50 or 20% after deductible
Mail Order	\$15/\$80/\$225 or 20% up to \$400 max per Rx.	\$15/\$80/\$225 or 20% up to \$400 max per Rx.	\$15/\$80/\$225 or 20% up to \$400 max per Rx.	\$10/\$60/\$150 or 20% after deductible
FDA-Approved Oral Contraceptives	No deductible or coinsurance applies; Member pays difference between multi source brand and generic.	No deductible or coinsurance applies; Member pays difference between multi source brand and generic.	No deductible or coinsurance applies; Member pays difference between multi source brand and generic.	No deductible or coinsurance applies; Member pays difference between multi source brand and generic.
OUT-OF-NETWORK BENEFITS				
Deductible	\$400 / \$800	\$300 / \$600	\$1,000 / \$2,000	combined with in-network
Coinsurance	30% of in-network negotiated fee, balance billing may occur	30% of in-network negotiated fee, balance billing may occur	30% of in-network negotiated fee, balance billing may occur	20% of in-network negotiated fee, balance billing may occur
Out of Pocket Limit	\$3,750 / \$7,000	\$3,000 / \$6,000	\$4,500 / \$9,000	\$5,000 / \$10,000

This is only a summary of the benefits. Refer to your booklet/certificate for complete details. In the event of a discrepancy, your booklet/certificate prevails.



Dental Benefits Summary for School Board of Gloucester County

Group Number Low Option
845806000,845806001,845806099

Network: Advantage *Plus*

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	0%	0%
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	0%	0%
Maximums & Deductibles (cumulative of network and non-network)		
Contract Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	\$50/\$150 Excludes Class I
Contract Program Maximum (per person)	\$1,500	\$1,500
Lifetime Orthodontic Maximum (per person)	Not Covered	Not Covered
Reimbursement	Advantage <i>Plus</i>	National Fee for Service

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

UnitedConcordia.com • 1-800-332-0366



Dental Benefits Summary for School Board of Gloucester County

Group Number High Option
845805000,845805001,845805099

Network: Advantage *Plus*

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (cumulative of network and non-network)		
Contract Program Deductible (per person/per family)	\$50/\$150 Excludes Class I & Orthodontics	\$50/\$150 Excludes Class I & Orthodontics
Contract Program Maximum (per person)	\$1,500 Excludes Orthodontics	\$1,500 Excludes Orthodontics
Lifetime Orthodontic Maximum (per person)	\$2,000	\$2,000
Reimbursement	Advantage <i>Plus</i>	National Fee for Service

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

UnitedConcordia.com • 1-800-332-0366

**The School Board of Gloucester County
c/o Flexible Benefit Administrators, Inc.
COBRA Division
P.O. Box 2070
Virginia Beach, VA 23450
(800) 437-3539**

****NOTICE OF YOUR RIGHTS UNDER COBRA****

Introduction

This notice informs you of certain rights available to you if you are enrolled in the group benefit plan with The School Board of Gloucester County. You do not need to reply to this notice; it is simply a notification of your COBRA rights if you should ever terminate your benefit plan coverage and qualify for COBRA.

The right to COBRA continuation coverage was created by a federal law, Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from your employer's Budget and Finance Department. Please also feel free to visit the Department of Labor's website at www.dol.gov.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

- (1) Your hours of employment are reduced, or
- (2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
- (5) The parents become divorced or legally separated; or
- (6) The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The plan will offer COBRA continuation to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event. In addition, if the Plan provides retiree health coverage, then commencement of a proceeding in a bankruptcy with respect to the employer is also a qualifying event where the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice to your employer's Budget and Finance Department or:

**Flexible Benefit Administrators, Inc.
COBRA Division
P.O. Box 2070
Virginia Beach, VA 23450
(800) 437-3539**

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin either (1) on the date of the qualifying event or (2) on the date that Plan coverage would otherwise have been lost, depending on the nature of the Plan.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. This notice should be sent to your employer's Budget and Finance Department or:

**Flexible Benefit Administrators, Inc.
COBRA Division
P.O. Box 2070
Virginia Beach, VA 23450
(800) 437-3539**

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to your employer's Budget and Finance Department or:**

**Flexible Benefit Administrators, Inc.
COBRA Division
P.O. Box 2070
Virginia Beach, VA 23450
(800) 437-3539**

Trade Act of 2002

If you qualify for Trade Adjustment Assistance (TAA) as defined by the Trade Act of 2002, then you will be provided with an additional 60-day enrollment period, with continuation coverage beginning on the date of such TAA approval.

If You Have Questions

If you have questions about your COBRA continuation coverage, you should contact the Budget and Finance Department or you may contact the nearest Regional or District Office of the U.S Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.

Keep Your Plan Administrator Informed of Address Changes

In order to protect your family's rights, you should keep the employer's Budget and Finance Department and/or Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the employer's Budget and Finance Department and/or Plan Administrator.

Plan Contact Information

**Flexible Benefit Administrators, Inc.
COBRA Division
P.O. Box 2070
Virginia Beach, VA 23450
(800) 437-3539**

****H.I.P.A.A. RIGHTS UNDER COBRA****

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes some provisions that may affect decisions you make about your participation in the Group Health Plan under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). These provisions are as follows:

1. Under COBRA, if the qualifying event is a termination or reduction in hours of employment, affected qualified beneficiaries are entitled to continue coverage for up to 18 months after the qualifying event, subject to various requirements. Before HIPAA, this 18-month period could be extended for up to 11 months (for a total COBRA coverage period of up to 29 months from the initial qualifying event) if an individual was determined by the Social Security Administration, under the Social Security Act, to have been disabled at the time of the qualifying event and if the plan administrator was notified of that disability determination within 60 days of the determination and before the end of the original 18-month period.

Under HIPAA, if a qualified beneficiary is determined by the Social Security Administration to be disabled under the Social Security Act at any time during the first 60 days of COBRA coverage, the 11-month extension is available to all individuals who are qualified beneficiaries due to the termination or reduction in hours of employment. The disabled individual can be a covered employee or any other qualified beneficiary. However, to be eligible for the 11-month extension, affected individuals must still comply with the notification requirements in a timely fashion.

2. A child that is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the employer's group health plan(s) and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator of the birth or adoption.

3. HIPAA restricts the extent to which group health plans may impose pre-existing condition limitations.

4. If you were covered by a group health plan(s) prior to your employment with us, your previous employer or insurance carrier should have provided you with a Certificate of Creditable Coverage, a form required by the HIPAA law that describes the health coverage you and your dependents, if any, have or had, and the dates you were covered. **IF YOU HAVE NOT RECEIVED A CERTIFICATE OF CREDITABLE COVERAGE AND ARE ENTITLED TO ONE, PLEASE CONTACT YOUR FORMER EMPLOYER.** Once you deliver the Certificate of Creditable Coverage to us, you are exempt from any pre-existing condition exclusions in our group health plan(s), provided you had twelve months of creditable coverage (eighteen months if a late enrollment) and have not had more than a sixty-three day gap in coverage.

Under COBRA, your right to continuation coverage terminates if you become covered by another employer's group health plan that does not limit or exclude coverage for your pre-existing conditions. If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA continuation coverage cannot be immediately terminated. However, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the employer's group health plan(s) may terminate your COBRA coverage.

If you have any questions about COBRA, or if you have changed marital status, or you or your spouse have changed addresses, please contact **Flexible Benefit Administrators, Inc. at (757) 340-4567.**

July 31, 2013

This document includes the following notices regarding the Anthem Blue Cross Blue Shield medical plans:

- Medicare D Prescription Drug**
- Medicaid/CHIP Notice**
- New Health Insurance Marketplace**

**Important Notice from The School Board of Gloucester County
About
Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The School Board of Gloucester County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The School Board of Gloucester County has determined that the prescription drug coverage offered by the Anthem Blue Cross Blue Shield plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Anthem Blue Cross Blue Shield coverage should not be affected.

KeyCare 15: Tier 1 \$15; Tier 2 \$40; Tier 3 greater of \$75 or 20%; \$150/member deductible for Tiers 2-3

HealthKeepers 10 POS: Tier 1 \$15; Tier 2 \$40; Tier 3 greater of \$75 or 20%; \$150/member deductible for Tiers 2-3

HealthKeepers 25 POS: Tier 1 \$15; Tier 2 \$40; Tier 3 greater of \$75 or 20%; \$150/member deductible for Tiers 2-3

Lumenos GHSA406: After satisfying medical deductible - Tier 1 \$10; Tier 2 \$30; Tier 3 greater of \$50 or 20%

Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

Your Anthem Blue Cross Blue Shield prescription drug coverage is part of our medical plan coverage. If you do decide to join a Medicare drug plan and drop your current Anthem Blue Cross Blue Shield coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with The School Board of Gloucester County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary

premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person(s) listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The School Board of Gloucester County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember:

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: **July 31, 2013**
Name of Entity/Sender: **The School Board of Gloucester County**
Contact: **Tee Ann Floyd or Laurie Greisz**
Address: **6489 Main Street, Gloucester, VA**
Phone Number: **804-693-7817 or 804-693-7835**

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free **1-866-444-EBSA (3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2013. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov Phone: 1-877-314-5678	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Tee Ann Floyd at (804) 693-7817 or Laurie Greisz at (804) 693-7835

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
All employees.

Some employees. Eligible employees are: Contracted employees working 30 or more hours per week on average.

- With respect to dependents:
We do offer coverage. Eligible dependents are: your spouse; your children age 26 or younger which includes a newborn, natural child, or child placed with you for adoption; a step child; or any other child for whom you have legal guardianship or court ordered custody.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

Date of change (mm/dd/yyyy):

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



GLOUCESTER COUNTY PUBLIC SCHOOLS

NEW ENROLLMENT ☐ CHANGE EXISTING COVERAGE ☐

FOR OFFICE USE
ONLY:

Effective Date
____/____/____

HEALTH INSURANCE ENROLLMENT

Name:	SSN:
Address:	City: State: Zip:
Home Phone:	Birth Date:
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single

Reason for Application

<input type="checkbox"/> New hire	<input type="checkbox"/> Marriage – Date of marriage: ____/____/____
<input type="checkbox"/> Annual open enrollment	<input type="checkbox"/> Loss of other coverage - please explain:
<input type="checkbox"/> Birth of child	Date previous coverage ended ____/____/____
<input type="checkbox"/> Delete dependent	<input type="checkbox"/> Add dependent-Date of adoption/placement for adoption, court order or legal appointment: ____/____/____

* If adding a dependent due to adoption, placement for adoption, medical child support order, legal appointment (such as guardianship), legal documentation must be attached to the enrollment application.

Group Medical Insurance – Anthem

Select Plan and Type of Coverage:	Employee Only	Employee +1 Minor	Employee + Spouse	Employee + Family	Both*
<input type="checkbox"/> HealthKeepers 10 (HMO)	<input type="checkbox"/> \$ 44.59	<input type="checkbox"/> \$ 107.15	<input type="checkbox"/> \$386.87	<input type="checkbox"/> \$436.42	<input type="checkbox"/> \$186.42
<input type="checkbox"/> HealthKeepers 25 (HMO)	<input type="checkbox"/> \$ 4.21	<input type="checkbox"/> \$ 46.16	<input type="checkbox"/> \$290.33	<input type="checkbox"/> \$327.11	<input type="checkbox"/> \$ 77.11
<input type="checkbox"/> KeyCare 15 (PPO)	<input type="checkbox"/> \$ 167.73	<input type="checkbox"/> \$ 292.99	<input type="checkbox"/> \$681.46	<input type="checkbox"/> \$770.22	<input type="checkbox"/> \$520.22
<input type="checkbox"/> Lumenos (PPO) with HSA	<input type="checkbox"/> \$ 46.84	<input type="checkbox"/> \$ 56.94	<input type="checkbox"/> \$246.11	<input type="checkbox"/> \$263.15	<input type="checkbox"/> \$ 13.15

*Both husband and wife must be employed by Gloucester County Public Schools and both must qualify for insurance benefits.

Dependent Information and Coverage Selections

Name and Relationship	DOB SEX	Social Security Number	HealthKeepers Doctors Name & PCP #	Have you seen this Dr in the last 36 months	Add/Delete Dependent
SELF	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete
SPOUSE	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Daughter <input type="checkbox"/> Son <input type="checkbox"/>	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Daughter <input type="checkbox"/> Son <input type="checkbox"/>	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Daughter <input type="checkbox"/> Son <input type="checkbox"/>	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Delete

Prior Health Coverage

Were all the above covered?	Was the coverage through an employer?	Effective Date	Cancellation Date	Policy/ID Number	Health Care Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Medicare Coverage

If you or your dependents are enrolled in Medicare Part A or B complete the following.

Last Name of covered person	First Name	M.I.
HIC#	Medicare Part A effective date	Medicare Part B effective date

I have indicated my benefit elections above. I realize that any false information or misrepresentation in the application may result in loss of coverage under the policies back to the effective date. I understand that I cannot change my elections during the plan year, unless I have a change in family or employment status (i.e. marriage, divorce, birth etc.). I agree to pay the amount of my required contributions as indicated in the above elections.

Employee Signature

Date



GLOUCESTER COUNTY PUBLIC SCHOOLS

NEW ENROLLMENT ☐ CHANGE EXISTING COVERAGE ☐

FOR OFFICE USE ONLY:
Effective Date
____/____/____

DENTAL INSURANCE ENROLLMENT

Name:		SSN:	
Address:		City:	State: Zip:
Home Phone:		Birth Date:	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	

Reason for Application

<input type="checkbox"/> New hire	<input type="checkbox"/> Marriage – Date of marriage: ____/____/____
<input type="checkbox"/> Annual open enrollment	<input type="checkbox"/> Loss of other coverage – please explain:
<input type="checkbox"/> Birth of child	Date previous coverage ended ____/____/____
<input type="checkbox"/> Delete dependent	<input type="checkbox"/> Add Dependent-Date of adoption/placement for adoption, court order or legal appointment: ____/____/____

* If adding a dependent due to adoption, placement for adoption, medical child support order, legal appointment (such as guardianship), legal documentation must be attached to the enrollment application.

Voluntary Dental Insurance- United Concordia

Select Plan and Type of Coverage:	Employee Only	Employee + 1 Minor	Employee + Family
<input type="checkbox"/> Low Option	<input type="checkbox"/> \$18.46	<input type="checkbox"/> \$31.23	<input type="checkbox"/> \$50.01
<input type="checkbox"/> High Option	<input type="checkbox"/> \$32.79	<input type="checkbox"/> \$57.52	<input type="checkbox"/> \$91.39

Dependent Information and Coverage

Name and Relationship	DOB SEX	Social Security Number	Add/Delete Dependent
SELF	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Delete
SPOUSE	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Delete
Daughter <input type="checkbox"/> Son <input type="checkbox"/>	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Delete
Daughter <input type="checkbox"/> Son <input type="checkbox"/>	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Delete
Daughter <input type="checkbox"/> Son <input type="checkbox"/>	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Delete
Daughter <input type="checkbox"/> Son <input type="checkbox"/>	____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Delete

Prior Coverage	Was the coverage through an employer?	Effective Date	Cancellation Date	Policy/ID Number	Health Care Plan
Were all the above covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Medicare Coverage

If you or your dependents are enrolled in Medicare Part A or B complete the following.

Last Name of covered person		First Name		M.I.
HIC#	Medicare Part A effective date		Medicare Part B effective date	

I have indicated my benefit elections above. I realize that any false information or misrepresentation in the application may result in loss of coverage under the policies back to the effective date. I understand that I cannot change my elections during the plan year, unless I have a change in family or employment status (i.e. marriage, divorce, birth etc.). I agree to pay the amount of my required contributions as indicated in the above elections.

Employee Signature

Date



GLOUCESTER COUNTY PUBLIC SCHOOLS

6489 Main Street
Gloucester, Virginia 23061

Joanne C. Wright, Director
Budget and Finance Department

Telephone: 804-693-7811
Fax: 804-693-7849

Date: July 31, 2013

To: All Employees of the School Board of Gloucester County

From: Joanne C. Wright, Director of Budget and Finance *jcw*

Re: Annual Notice of Participation
The School Board of Gloucester County 403(b) Plan

The School Board of Gloucester County ("the Employer") offers a 403(b) Plan for eligible employees of the organization. Employees are eligible to participate as described below:

- All W-2 employees are eligible to participate in the 403(b) Plan except non-resident aliens and student workers.

A 403(b) plan is a tax-deferred retirement program that permits an employee to reduce his or her compensation on a pre-tax basis and have the contribution deposited into a 403(b) investment.

To enroll in a 403(b) program, you must complete a Salary Reduction Agreement. Salary Reduction Agreements are available from the Payroll office and the six approved annuity representatives.

You may also be required to complete an annuity contract or custodial account application to establish your investment account under the Plan. Application forms for an annuity contract or a custodial account can be obtained from the representative of the investment provider you select. Employees should contact each vendor for information about the 403(b) products and services it offers. A list of the approved providers in our Plan is attached and available in the Payroll office.

Con't.

July 31, 2013

Page 2

You can make a change to or stop your contribution at any time. You will need to complete a new Salary Reduction Agreement and provide it to the Payroll office to do so. The change will take effect for the next available payroll period after the new Salary Reduction Agreement is processed by the Payroll Office.

The IRS limits the annual contributions you can make to a 403(b) plan. For 2013, the limit is \$17,500 for participants under age 50 and up to \$23,000 for participants who become age 50 or older during this calendar year.

The School Board of Gloucester County has no liability for any employee's election to participate in the 403(b) plan, choice of 403(b) vendor(s), or the expected tax consequences resulting from participating in the 403(b) plan. The School Board of Gloucester County does not provide tax, legal or investment advice and recommends that employees seek advice from professionals who specialize in these areas.

If you have any questions about our 403(b) Plan, please contact the Payroll Office at 806-693-7817 or 804-693-7835 or the Plan's third party administrator, ADMIN Partners, LLC at 877-484-4400.

Attachment

**Gloucester County Public Schools
Approved Annuity Vendors
FY 2013-2014**

Vendor Name	Contact Person	Telephone Number
ING	Pete Olenick (polenick@swcares.com) or Mike Mullins Consulting 4, Inc. 702-B Middle Ground Blvd. Newport News, VA 23606	757-223-6246 or 804-815-1318
Lincoln	Sharon Ryan (sharon.ryan@lfg.com) or George Richards Lincoln Financial Advisors 729 Thimble Shoals Blvd., #2-D Newport News, VA 23666-4249	757-873-3331 or 757-870-0923
VALIC	Tom Carlson (Thomas.carlson@valic.com) VALIC Financial Advisors, Inc. 10800 Midlothian Turnpike, Suite 200 Richmond, VA 23235	757-886-6522
Met Life	Kevin L. Fox (kfox3@metlife.com) MetLife Mid-Atlantic Financial Group 6641 West Broad Street, Suite 404 Richmond, VA 23230	804-282-8611
Oppenheimer Funds	Scott V. Glaze (scott.glaze@wfadvisors.com) Haley-Mansfield-Koptish-Glaze Wealth Management Group 6596 Main Street Gloucester, VA 23061	804-695-1999
AXA Equitable	Matthew Chavis (matthew.chavis@axa-advisors.com) or David C. Stables, IV (david.stables@axa-advisors.com) 7231 Forest Ave., Suite 300 Richmond, VA 23226	804-824-1062 or 804-445-5880

Employee Name: _____
(Last) First (MI)

☐ Myself
☐ Spouse
☐ Dependent (s) – Please list names:

☐ My preference not to have coverage

☐ Coverage under my spouse's plan – name of carrier: _____

☐ Other coverage – name of carrier: _____
This other coverage is: _____

Note: This form does not cancel coverage. If you wish to cancel existing coverage for the 2013-2014 plan year, you must submit a written request to Budget and Finance during open enrollment (August 1-September 3, 2013).